

22763 U.S. PTO

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	57953/1201
First Inventor	Zucker-Franklin
Title	DEVICES AND METHODS FOR REMOVAL OF LEUKOCYTES FROM BREAST MILK
Express Mail Label No.	EL983813526US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450
--	--

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 13] (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Form (CRF)
- Descriptive title of the invention	b. Specification Sequence Listing on:
- Cross Reference to Related Applications (if applicable)	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or
- Statement Regarding Fed sponsored R & D (if applicable)	ii. <input type="checkbox"/> paper
- Reference to sequence listing, a table, or a computer program listing appendix (if applicable)	c. <input type="checkbox"/> Statements verifying identity of above copies
- Background of the Invention	
- Brief Summary of the Invention	
- Brief Description of the Drawings (if filed)	
- Detailed Description	
- Claim(s)	
- Abstract of the Disclosure	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]	
5. Oath or Declaration [Total Pages 2]	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	
b. <input type="checkbox"/> Unsigned	
c. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

ACCOMPANYING APPLICATION PARTS	
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney	
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: _____ / _____


Prior application information:

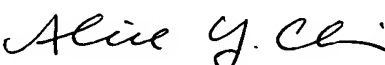
Examiner: _____

Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below
Name	Michael L. Goldman	
Address	Nixon Peabody LLP	
	Clinton Square, P.O. Box 31051	
City	Rochester	State NY
Country	USA	Telephone (585) 263-1304
		Zip Code 14603-1051
		Fax (585) 263-1600

Name (Print/Type)	Alice Y. Choi	Registration No. (Attorney/Agent)	45,758
Signature		Date	March 9, 2004

FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 479)

Complete if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Zucker-Franklin
Examiner Name	To Be Assigned
Art Unit	To Be Assigned
Attorney Docket No.	57953/1201

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number 14-1138

Deposit Account Name Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	385
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005*	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ 385)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
26	-20** = 6	9	54
Independent Claims	3	-3** = 0	0
Multiple Dependent			0

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 54)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	420	2252	210	Extension for reply within second month
1253	950	2253	475	Extension for reply within third month
1254	1,480	2254	740	Extension for reply within fourth month
1255	2,010	2255	1,005	Extension for reply within fifth month
1401	330	2401	165	Notice of Appeal
1402	330	2402	165	Filing a brief in support of an appeal
1403	290	2403	145	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1,330	2453	665	Petition to revive - unintentional
1501	1,330	2501	665	Utility issue fee (or reissue)
1502	480	2502	240	Design issue fee
1503	640	2503	320	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.129(a))
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))
1801	770	2801	385	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40)

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- ☐ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

Date

Signature

Typed or printed name

SUBMITTED BY

Name (Print/Type) Alice Y. Choi

Registration No. 45,758
(Attorney/Agent)

Signature *Alice Y. Choi*

Complete (if applicable)

Telephone (585) 263-1508

Date March 9, 2004

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATE

DOCKET NO. : 57953/1201
APPLICANT(S) : Dorothea Zucker-Franklin
TITLE : DEVICES AND METHODS FOR REMOVAL OF
LEUKOCYTES FROM BREAST MILK

Certificate is attached to the **Patent Application, Including Specification, Claims, and Abstract (13 pages) and the SIGNED Combined Declaration and Power of Attorney (2 pages)** of the above-named application.

“EXPRESS MAIL” NUMBER: EL983813526US
DATE OF DEPOSIT: March 9, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to the **Mail Stop Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Shawn A. Lockett
(Typed or printed name of person mailing
paper or fee)


(Signature of person mailing paper or fee)

EXPRESS MAIL CERTIFICATE

DOCKET NO. : **57953/1201**

APPLICANT(S) : **Dorothea Zucker-Franklin**

TITLE : **DEVICES AND METHODS FOR REMOVAL OF
LEUKOCYTES FROM BREAST MILK**

Certificate is attached to the **Assignment and the Recordation Form Cover Sheet (2 pages)** of the above-named application.

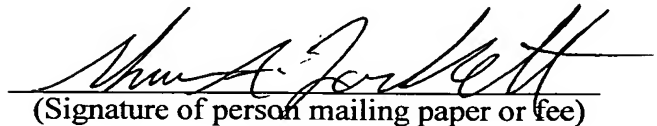
“EXPRESS MAIL” NUMBER: **EL983813526US**

DATE OF DEPOSIT: **March 9, 2004**

I hereby certify that this paper or fee is being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to the **Mail Stop Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Shawn A. Lockett

(Typed or printed name of person mailing
paper or fee)



(Signature of person mailing paper or fee)

EXPRESS MAIL CERTIFICATE

DOCKET NO. : 57953/1201
APPLICANT(S) : Dorothea Zucker-Franklin
TITLE : DEVICES AND METHODS FOR REMOVAL OF
LEUKOCYTES FROM BREAST MILK


Certificate is attached to the **Utility Patent Application Transmittal (1 page)**
(in duplicate) and Fee Transmittal for FY 2004 (1 page) (in duplicate) of the
above-named application.

“EXPRESS MAIL” NUMBER: EL983813526US
DATE OF DEPOSIT: March 9, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal
Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date
indicated above and is addressed to the **Mail Stop Patent Application**, Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Shawn A. Lockett

(Typed or printed name of person mailing
paper or fee)


(Signature of person mailing paper or fee)

EXPRESS MAIL CERTIFICATE

DOCKET NO. : 57953/1201
APPLICANT(S) : Dorothea Zucker-Franklin
TITLE : DEVICES AND METHODS FOR REMOVAL OF
LEUKOCYTES FROM BREAST MILK

Certificate is attached to the **Drawings (2 pages)** of the above-named application.

“EXPRESS MAIL” NUMBER: **EL983813526US**
DATE OF DEPOSIT: **March 9, 2004**

I hereby certify that this paper or fee is being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to the **Mail Stop Patent Application**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Shawn A. Lockett

(Typed or printed name of person mailing
paper or fee)


(Signature of person mailing paper or fee)